March 31, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-1071-01
CLIENT TRACKING NUMBER: M2-05-1071-01 5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

Records Received:

RECORDS RECEIVED FROM THE STATE:
Notification of IRO assignment dated 3/16/05, 7 pages

RECORDS RECEIVED FROM R.S. MEDICAL:
Letter of Medical Necessity from John Miller, DC dated 12/3/04, 1 page
Prescription dated 12/17/04 and 10/12/04, 2 pages
Office note from Dr. Miller dated 10/6/04 and 12/16/04, 2 pages

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RECORDS RECEIVED FROM THE INSURANCE COMPANY:

TWCC Work Status Report, dated 7/25/03, 8/8/03, 9/15/03, 10/15/03, 10/15/03, 7/6/04, 9/21/04, 10/4/04, 11/4/04, 12/3/04, 1/4/05, 2/4/05, 12 pages
TWCC-69 Report of Medical Evaluation, dated 11/26/03, 6/22/04, 7/8/04, 5/26/04, 2/15/05, 5 pages
Office Note from Dr. Earle dated 5/26/04, 2/15/05, 1 pages
Initial Consultation report from Roberto Perez-Millan, MD dated 9/18/03, 2 pages
Southwest Open MRI report dated 9/27/03, 1 page
Medical report from Dennis Gutzman MD dated 10/15/03, 2 page
Note from Dennis Gutzman MD dated 11/3/03, 1 page
Discharge Summary from Methodist Specialty and Transplant Hospital dated 12/4/03, 1 page
History and Physical exam from Methodist Specialty and Transplant Hospital dated 12/2/03, 1 page
Operative report dated 12/2/03, 2 pages
Pathology report dated 12/5/03, 3 pages
Anesthesia record dated 12/2/03, 1 page
Post op orders dated 12/2/03 1 page
Hospital handwritten notes, 2 pages undated
Pharmacy report dated 12/4/03, 1 page
Medical report from Dennis Gutzman, MD dated 12/10/03, 1 page
Addendum to medical report from Dennis Gutzman, MD dated 12/30/03, 1 page
Follow up note dated 1/16/04, 1 page
Medical report from Dennis Gutzman MD dated 2/4/04, 1 page
Medical report from Chiro Plus dated 2/11/04, 1 page
Physical Performance Test report dated 2/9/04, 13 pages
Request for authorization from ChiroPlus dated 5/11/04, 1 page
Work Excuse note dated 7/3/03, 7/14/03, 2 pages
Office notes from Dr. Miller, dated 7/24/03, 7/25/03, 2 pages
Doctor Rx dated 7/19/04, 1 page
Letter of Medical Necessity from ChiroPlus dated 6/28/04, 1 page
Initial Interview from Healthtrust, dated 5/25/04, 5 pages
Medical report from Dennis Gutzman MD dated 5/5/04, 1 page
MMI Impairment Rating Evaluation dated 6/22/04, 12 pages
Texas Administrative Code with MMI highlighted, 1 page, undated
Work Hardening Sheets from ChiroPlus dated 5/17/04-5/24/04, 31 pages
Work Hardening Sheets from ChiroPlus dated 6/1/04-6/4/04. 10 pages
Work Hardening Sheets from ChiroPlus dated 6/7/04 - 6/11/04. 12 pages
Office notes from Dr. Miller, dated 7/3/03, 7/22/03, 7/14/03, 7/28/03, 8/8/03, 8/11/03, 8/12/03, 8/13/03, 8/15/03, 8/18/03, 8/19/03, 8/20/03, 9/3/03, 9/4/03, 9/5/03, 9/11/03, 9/17/03, 9/18/03, 9/23/03, 9/24/03, 10/1/03,11/3/03, 10/7/03, 10/15/03, 10/9/03, 10/20/03, 10/22/03, 10/24/03, 10/29/03, 10/30/03, 10/31/03, 11/4/03, 11/6/03, 11/7/03, 11/11/03, 11/20/03, 11/21/03, 1/5/04, 2/8/04, 2/2/04, 1/13/04, 1/16/04, 1/19/04, 3/17/04, 2/26/04, 3/3/04, 3/5/04, 3/8/04, 3/10/04, 2/27/04, 3/1/04, 2/23,2/24/04, 2/20/04, 2/13/04, 2/16/04, 2/18/04, 2/19/04, 3/2/04, 72 pages
Office notes from Dr. Miller for a different patient, 5 pages

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Summary of Treatment/Case History:
This is a 41 year old female who suffered a work-related injury on ___. She carries a working diagnosis of left rotator cuff tear, cervical pain, myofascial pain syndrome. Patient has a history of anxiety and depression. On ___ she reportedly felt a sudden, sharp pain in her left shoulder after reaching into bins to pull out merchandise. She was evaluated and treated conservatively under the direction of her treating physician, Dr. John Miller, D.C. She was treated with physical therapy, chiropractic care, left shoulder subacromial steroid injection, RS-4 interferential stimulator. Medications included Hydrocodone, Xanax, Ambien. MRI of the left shoulder 9-27-03 revealed intrasubstance tear of the anterior half of the rotator cuff without evidence of full thickness tear; Acromioclavicular hypertrophy with inferior spurs indenting the supraspinatus tendon; associated subacromial/subdeltoid bursitis; Edema of the distal trapezius muscle consistent with partial tear. She was referred to orthopedic surgeon, Dennis Gutzman, M.D. who examined patient on 10-15-03 and recommended surgical intervention. Patient underwent left rotator cuff interposition arthroplasty (Neer, Mumford) by Dr. Gutzman, 12-2-03. She subsequently completed a work hardening/conditioning program and a trial of the interferential unit in question.

Questions for Review:
1) Please address prospective medical necessity of the proposed purchase of an RS4i sequential 4 channel combination interferential & muscle stimulator, regarding the above mentioned injured worker.

Explanation of Findings:
1) Please address prospective medical necessity of the proposed purchase of an RS4i sequential 4 channel combination interferential & muscle stimulator, regarding the above mentioned injured worker.

The request for the purchase of the EMS unit in question is not medically necessary. According to the medical records, a trial of the less expensive TENS unit was not given prior to the use of the RS-4i stimulator. Given the fact that the medical literature concludes that the RS-4i is not more effective than a simple TENS unit in relieving pain, then it would not be considered medically necessary. A less expensive unit such as a TENS unit may be more appropriate in this case.

Conclusion/Decision to Not Certify:
DECISION TO NOT CERTIFY as medically necessary the proposed purchase of the RS-i, sequential, 4-channel combination interferential and muscle stimulator.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:
The Medical Records
MRI of the left shoulder
The Medical Literature

References Used in Support of Decision:
* No Effect of Bipolar Interferential Electrotherapy on Soft Tissue Shoulder Disorders: A Randomized Trial. Ann Rheum. Dis. 1999; 58, Niedert PJ, Benson CV. * EMS as an Adjunct to Exercise...Non-Acute Low Back Pain: A Randomized Trail. J. Pain 2001, Oct;2(5); 295-300. Alves, Walsh DM. * Physical Medicine and Rehabilitation, Second Edition,2000, Richard L. Braddom, M.D.

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The physician providing this review is board certified in Physical Medicine & Rehabilitation. The reviewer holds additional certification in Pain Management. The reviewer is also a member of the Physiatrics Association of Spine, Sports and Occupational Rehabilitation. The reviewer is active in research and publishing within their field of specialty. The reviewer currently directs a Rehabilitation clinic.
MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

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The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: requestor and respondent